



# ATTESTATION USER GUIDE

For Eligible Hospitals and  
Critical Access Hospitals

## Medicare Electronic Health Record (EHR) Incentive Program



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### Disclaimer

The Centers for Medicare & Medicaid Services (CMS) is providing this material as an informational reference for eligible hospitals.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of posting, the Medicare program is constantly changing, and it is the responsibility of each eligible hospital to remain abreast of the Medicare program requirements. Medicare regulations can be found on the CMS Web site at <http://www.cms.gov>. Specific information about the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms>.



## Step I – Getting Started

Medicare Eligible Hospitals, Medicare & Medicaid Eligible Hospitals and Critical Access Hospitals (CAHs) must attest to their meaningful use of certified electronic health record (EHR) technology using this ATTESTATION module.

**Medicaid- only eligible hospitals should contact their states for information about how to attest.**

This is a step-by-step guide for the Medicare Eligible Hospitals EHR Incentive Program ATTESTATION module. This guide will help you navigate the Attestation module. The user guide page layout consists of the attestation screen on the left side of the page and written instructions with helpful tips on the bottom of the page.

## STEPS

Enter the EHR Incentive Program URL (located at the top of the page) into your web browser.

Click **CONTINUE** to start the attestation process.

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System

**About This Site**

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

**Additional Resources:** For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#).

**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

**Eligible Hospitals**

**Eligible Professionals (EPs)**

**CONTINUE**

**Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System**

**About This Site**

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

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**Eligible to Participate** - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#).

**Eligible Hospitals**

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals

**Eligible Professionals (EPs)**

**CONTINUE**



## TIPS

To determine your eligibility, click on the CMS website.

For a list of Eligible Hospital Types, click on the + sign next to Eligible Hospitals.

## Step 2– Login Instructions for Eligible Professionals



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

#### Login

##### Login Instructions

(\*) Red asterisk indicates a required field.

##### Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to [NPPES](#) to apply for an NPI and/or create an NPPES web user account.
- Users working on behalf of an Eligible Professional(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to the Eligible Professional's NPI. If you are working on behalf of an Eligible Professional(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

##### Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in [NPPES](#). ←
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, [Create a Login](#) in the I&A System.

##### Account Management

- If you are an existing user and need to reset your password, visit the [I&A System](#).
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-6433 / TTY: 888-734-6563.

**WARNING:** Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation System. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing this system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

\* User ID:

\* Password:

[LOG IN](#)

## STEPS

If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, you may apply for an NPI in NPPES. Click the link in the body of the screen.

Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&A) web user account (User ID/Password) and be associated to an organization's NPI.

If you are working on behalf of an Eligible Hospital(s) and do not have an I&A web user account, click Create a Login in the body of the screen.

Click **LOG IN**.



### TIPS

To contact the I&A help desk, call; 1(866) 484-8049 or email [EUSupport@cgi.com](mailto:EUSupport@cgi.com).

To locate your NPI number, visit; <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

User name and password are case sensitive.

## Step 2 – Welcome screen for the EHR Incentive Program (cont.)

### STEPS

Click on the **Attestation Tab** to continue attesting for the EHR Incentive Program.

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

**Welcome**

Last Successful Login: 04/05/2011 | Unsuccessful Login Attempts: 0

**Notifications**

Welcome to the Medicare & Medicaid EHR Incentive Program Registration & Attestation System.

For Medicare EHR incentive program participants, you will need to demonstrate meaningful use of certified EHR technology.

For Medicaid EHR incentive program participants, you will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program. Attestation for Medicaid occurs through your State Medicaid Agency.

**Instructions**

Select any tab to continue.

**Registration Tab**

Please select the Registration tab above to perform any of the following actions:

- Register in the Incentive Payment Program
- Continue Incomplete Registration
- Modify Existing Registration
- Resubmit a Registration that was previously deemed ineligible
- Reactivate a Registration
- Switch Incentive Programs (Medicare/Medicaid)
- Switch Medicaid State
- Cancel participation in the Incentive Program

**Attestation Tab**

Please select the Attestation tab above to perform any of the following actions:

Medicare

- Attest for the Incentive Program
- Continue Incomplete Attestation
- Modify Existing Attestation
- Discontinue Attestation
- Resubmit failed or rejected Attestation
- Reactivate canceled Attestation

**Note:** Attestation for the Medicaid incentive program occurs at the State Medicaid Agency.

**Status Tab**

Please select the Status tab above to perform the following action:

- View current status of Registration(s), Attestation(s), and Payment(s) for the Incentive Program

**Account Management Tab**

Please select the Account Management tab above to perform the following actions:

- Update your user account information
- Request access to organizations
- Remove access to organizations

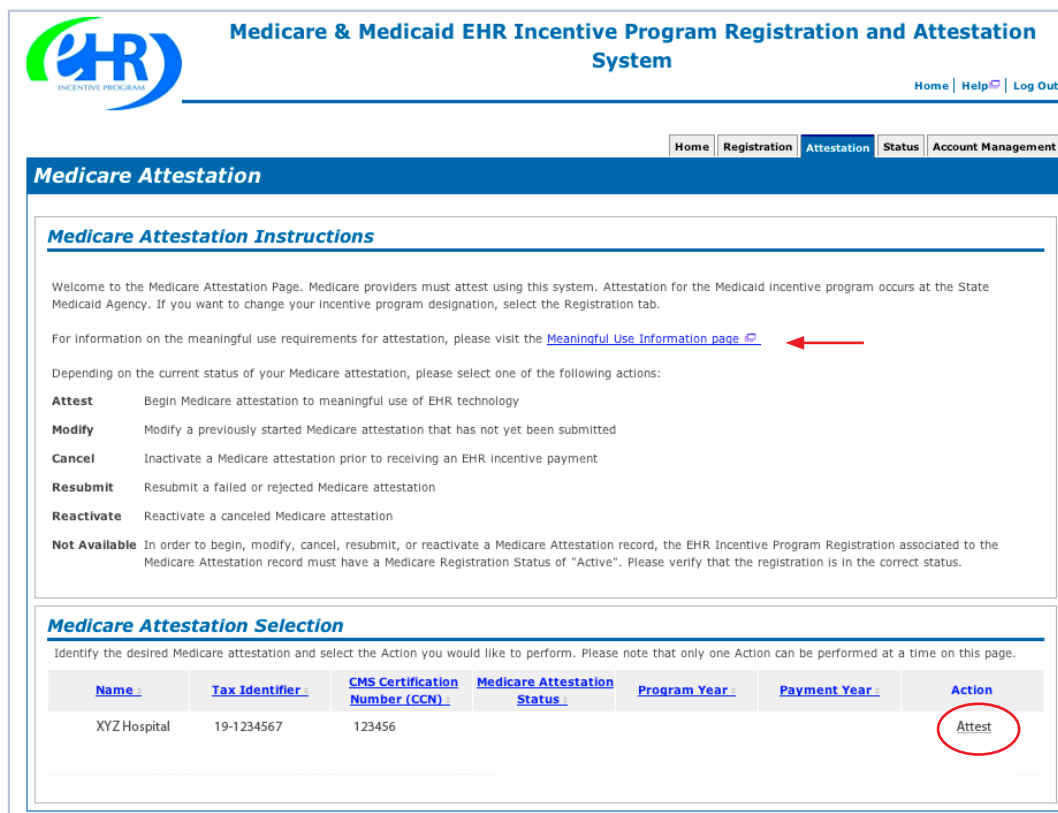


### TIPS

The Welcome screen consists of **five** tabs to navigate through the attestation and registration process.

1. Home
2. Registration
3. Attestation
4. Status
5. Account Management

## Step 3 – Attestation Instructions



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

**Medicare Attestation**

**Medicare Attestation Instructions**

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR Incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

**Medicare Attestation Selection**

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	19-1234567	123456				Attest

## STEPS

Read the Attestation Instructions.

Click on **Attest** in the Action column to continue the attestation process.



### TIPS

“Modify, Cancel, Resubmit, Reactivate, and View” are the available Action web links for returning users.

Click on the **Meaningful User Information** page for detailed information about meaningful use, specification sheets for individual meaningful use objectives, e-specification sheets for clinical quality measures, and in-depth information on the EHR Incentive Program.

Only one action can be performed at a time on this page.



## Step 4 – Topics for this Attestation

The data required is grouped into four (4) topics for Attestation.

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

### Topics for this Attestation

#### Reason for Attestation

- You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

#### Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the START ATTESTATION button to begin your attestation. The system will display check marks for those item(s) completed.

Completed	Topics
—	<a href="#">Attestation Information</a>
—	Meaningful Use Core Measures
—	Meaningful Use Menu Measures
—	Clinical Quality Measures

**Note:**

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

[PREVIOUS PAGE](#) [START ATTESTATION](#) [PROCEED WITH ATTESTATION](#)

## STEPS

Click **START ATTESTATION** to begin the attestation process.



### TIPS

The topics will only be marked as completed once all the information has been entered and saved. When all topics are checked completed or N/A, the user can select '**PROCEED WITH ATTESTATION**'.

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.



## Step 5 – Attestation Information

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Attestation Information**

**Attestation Information**

(\*) Red asterisk indicates a required field.

LBN: XYZ Hospital  
TIN: 19-1234567 (EIN)  
CCN: 123456

Please provide your EHR Certification Number:  
\*EHR Certification Number: PQSTUVWXYZ1234 [How do I find my EHR Certification Number? ©](#)  
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

\*Emergency Department (ED) Admissions: An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:  
☐ Observation Service Method ☒ All ED Visits Method

Please provide the EHR reporting period associated with this attestation:  
\*EHR Reporting Period  
Start Date (mm/dd/yyyy): 02/01/2011  
\*EHR Reporting Period End Date (mm/dd/yyyy): 05/31/2011

Please select the **SAVE AND CONTINUE** button to go to the next step in the attestation process.

## STEPS

Enter your EHR Certification Number.

Choose one of two methods to designate how patients are admitted to the Emergency Department. The method will be included in the denominators of certain Meaningful Use Core and Menu measures.

Enter the period start and end date of the reporting period for which you are attesting. The reporting period must be at least 90 days in the same Federal fiscal year, September through August.

Click **SAVE & CONTINUE**.

**Certified Health IT Product List**  
The Office of the National Coordinator for Health Information Technology  
HealthIT.HHS.Gov

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to [chpl-certification@hhs.gov](mailto:chpl-certification@hhs.gov), with "CHPL" in the subject line. Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

**USING THE CHPL WEBSITE**

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

**STEP 1: SELECT YOUR PRACTICE TYPE**



## TIPS

To locate your EHR certification number, click on [How do I find my EHR Certification Number?](#) You will be directed to the Certified Health IT Product List (CHPL). Follow the instructions on the CHPL website. The EHR Certification Number is **15** characters long. The number is required and will be validated.

Emergency Department (ED) Admissions must be designated as admitted observation service method or all ED visits method. Click here for more information; [http://questions.cms.hhs.gov/app/answers/detail/a\\_id/10126/kw/emergency%20department](http://questions.cms.hhs.gov/app/answers/detail/a_id/10126/kw/emergency%20department).

## TOPICS PROGRESS

This is the first of four topics required for attestation

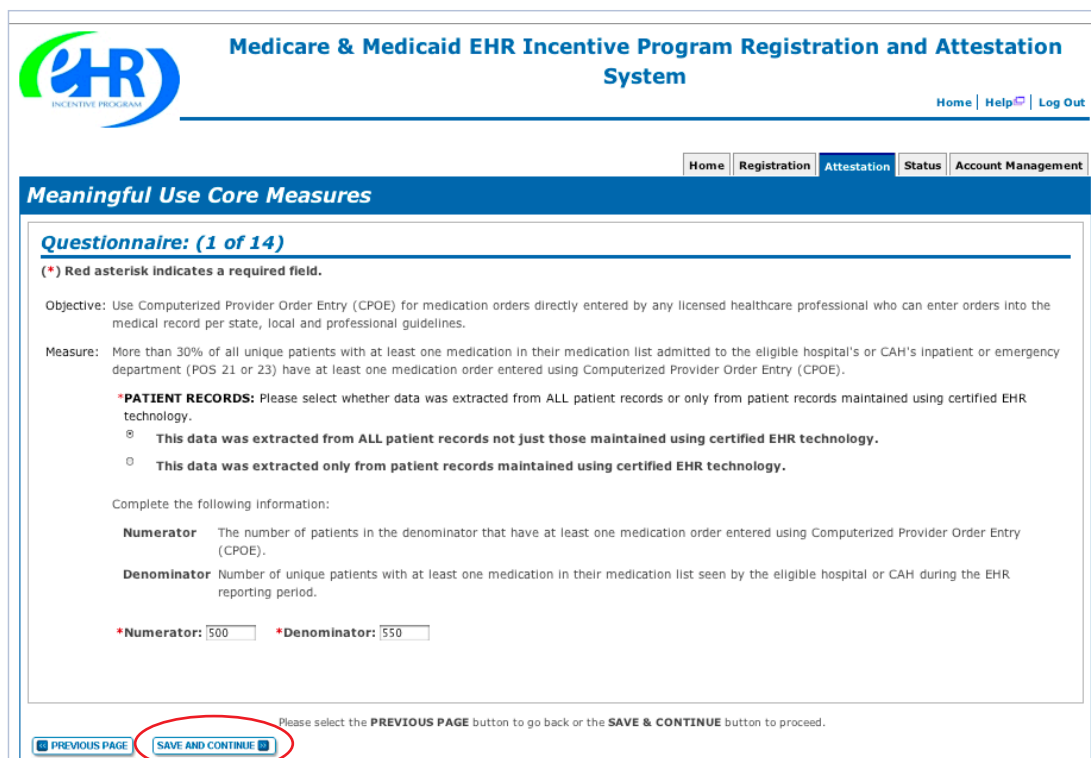
1

2

3

4

## Step 6 – Meaningful Use Core Measures – Questionnaire (1 of 14)



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Meaningful Use Core Measures**

**Questionnaire: (1 of 14)**

(\*) Red asterisk indicates a required field.

**Objective:** Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

**Measure:** More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE).

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** The number of patients in the denominator that have at least one medication order entered using Computerized Provider Order Entry (CPOE).

**Denominator** Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.

\*Numerator: 500 \*Denominator: 500

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**

## STEPS

Select the appropriate option under Patient Records. Enter Numerator and Denominator.

Click **SAVE & CONTINUE**.



## TIPS

**Patient Records:** At the eligible hospital's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The eligible hospital may also elect to calculate the numerators and denominators of these measures using ALL patient records. Eligible hospitals must indicate which method they used in their calculations.

**Exclusion:** Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer "Yes" to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

## TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.

1

2

3

4

## Step 7 – Meaningful Use Core Measures – Questionnaire (2 of 14)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Core Measures

**Questionnaire: (2 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks.

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:

\*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

## STEPS

Select Yes or No.

Click **SAVE & CONTINUE**.

Home | Registration | **Attestation** | Status | Account Management

### Medicare Attestation

#### Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

- Attest** Begin Medicare attestation to meaningful use of EHR technology
- Modify** Modify a previously started Medicare attestation that has not yet been submitted
- Cancel** Inactivate a Medicare attestation prior to receiving an EHR incentive payment
- Resubmit** Resubmit a failed or rejected Medicare attestation
- Reactivate** Reactivate a canceled Medicare attestation
- Not Available** In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

#### Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	32-1234567	123456	In Progress	2011	1	<a href="#">Modify or Cancel</a>

### Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the MODIFY ATTESTATION button to modify any previously entered information. The system will display check marks for those item(s) completed.

Completed	Topics
<input checked="" type="checkbox"/>	<a href="#">Attestation Information</a>
<input checked="" type="checkbox"/>	<a href="#">Meaningful Use Core Measures</a>
<input checked="" type="checkbox"/>	<a href="#">Meaningful Use Menu Measures</a>
<input checked="" type="checkbox"/>	<a href="#">Clinical Quality Measures</a>

**Note:**

When all topics are marked as completed or N/A, please select the PROCEED WITH ATTESTATION button to complete the attestation process.

[PREVIOUS PAGE](#) [MODIFY ATTESTATION](#) [PROCEED WITH ATTESTATION](#)



## TIPS

### TOPICS PROGRESS

This is the second of four topics required for attestation

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

1

2

3

4

### Step 8 – Meaningful Use Core Measures – Questionnaire (3 of 14)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Meaningful Use Core Measures**

**Questionnaire: (3 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

**Numerator** Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

**Denominator** Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator: 99 \*Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

### STEPS

Enter Numerators and Denominators in each step.

Click **SAVE & CONTINUE**.

### Step 9 – Meaningful Use Core Measures – Questionnaire (4 of 14)

**Meaningful Use Core Measures**

**Questionnaire: (4 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

**Numerator** Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

**Denominator** Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator: 500 \*Denominator: 550

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIPS

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the **Action** column in the **Attestation Selection** page. The completed topics will show a check mark on the **TOPICS** screen.

### TOPICS PROGRESS

This is the second of four topics required for attestation

Click on **HELP** for additional guidance to navigate the system.

The **Help** link is located on each page.

Click previous screen to go back.

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## Step 10 – Meaningful Use Core Measures – Questionnaire (5 of 14)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Core Measures

**Questionnaire: (5 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

**Numerator** Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.

**Denominator** Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

## STEPS

Enter Numerators and Denominators in each step.

Click **SAVE & CONTINUE**.

## Step 11 – Meaningful Use Core Measures – Questionnaire (6 of 14)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Core Measures

**Questionnaire: (6 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth
- And preliminary cause of death in the event of mortality in the hospital or CAH.

Measure: More than 50% of all unique patients seen by the eligible hospital or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Complete the following information:

**Numerator** Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

**Denominator** Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator:  \*Denominator:

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



## TIPS

## TOPICS PROGRESS

*This is the second of four topics required for attestation*

*You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.*

*Numerator and Denominator must be whole numbers.*

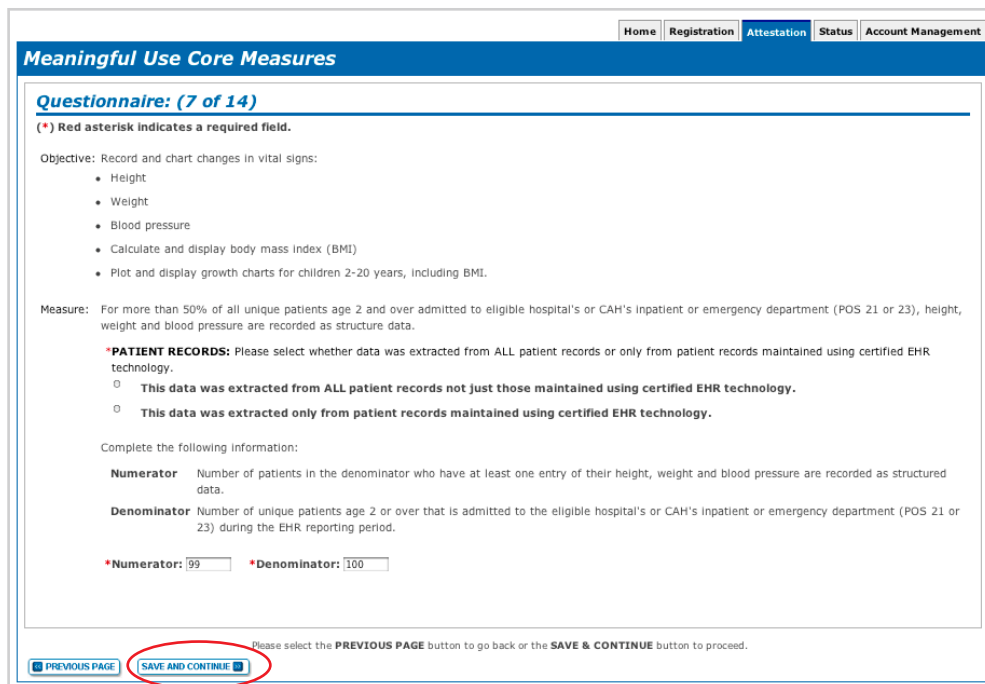
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## Step 12 – Meaningful Use Core Measures – Questionnaire (7 of 14)



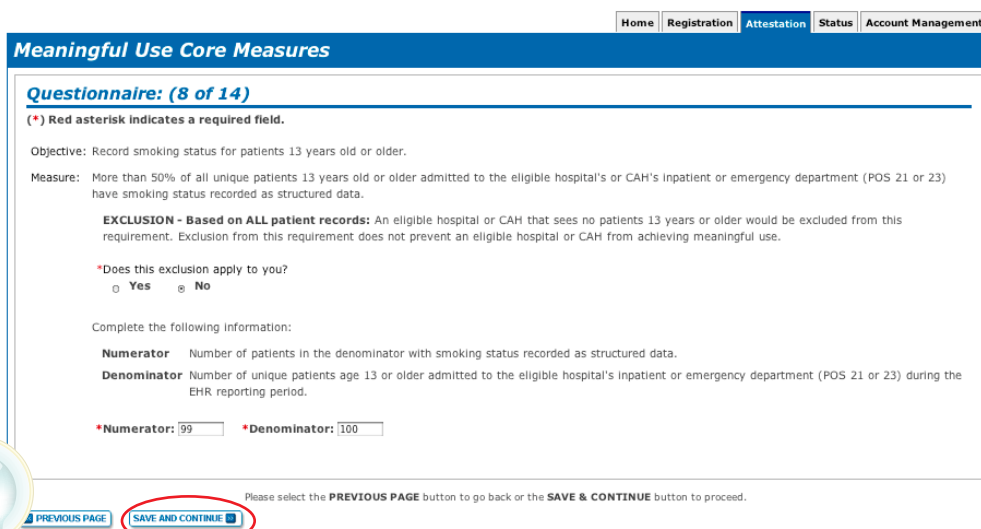
### STEPS

.....  
Select the appropriate option under PATIENT RECORDS.

Enter Numerator and Denominator.

Click **SAVE & CONTINUE**.

## Step 13 – Meaningful Use Core Measures – Questionnaire (8 of 14)



### STEPS

.....  
Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click **SAVE & CONTINUE**.



### TIPS

Numerator and Denominator must be whole numbers.

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.

To check your progress click on the ATTESTATION tab at the top of the page and select Modify in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

### TOPICS PROGRESS

This is the second of four topics required for attestation

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## Step 14 – Meaningful Use Core Measures – Questionnaire (9 of 14)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Core Measures

**Questionnaire: (9 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.

Complete the following information:

\*I will submit Clinical Quality Measures?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

## STEPS

Select Yes or No.

Click **SAVE & CONTINUE**.

## Step 15 – Meaningful Use Core Measures – Questionnaire (10 of 14)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Core Measures

**Questionnaire: (10 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.

Measure: Implement one clinical decision support rule.

Complete the following information:

\*Did you implement one clinical decision support rule?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)



## TIPS

### TOPICS PROGRESS

*This is the second of four topics required for attestation*

*Click on HELP for additional guidance to navigate the system.*

*The Help link is located on each page.*

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## Step 16 – Meaningful Use Core Measures – Questionnaire (11 of 14)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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### Meaningful Use Core Measures

#### Questionnaire: (11 of 14)

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request

**Measure:** More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

**EXCLUSION - Based on ALL patient records:** An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

☐ Yes ☐ No

Complete the following information:

**Numerator** Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.

**Denominator** Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.

**\*Numerator:**  **\*Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

## STEPS

Select the appropriate option under Patient Records.

Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click **SAVE & CONTINUE**.

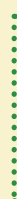


## TIPS

## TOPICS PROGRESS

This is the second of four topics required for attestation

Numerator and Denominator must be whole numbers.



You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.


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## Step 17 – Meaningful Use Core Measures – Questionnaire (12 of 14)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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**Meaningful Use Core Measures**

**Questionnaire: (12 of 14)**

(\*) Red asterisk indicates a required field.

**Objective:** Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.

**Measure:** More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

**EXCLUSION - Based on ALL patient records:** An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

**\*Does this exclusion apply to you?**

☐ Yes ☐ No

Complete the following information:

**Numerator** The number of patients in the denominator who are provided an electronic copy of discharge instructions.

**Denominator** Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.

**\*Numerator:**  **\*Denominator:**

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

## STEPS

Select the appropriate option under Patient Records.

Select Yes or No for the exclusion.

If you answered NO, enter the Numerator and Denominator.

Click **SAVE & CONTINUE**.



### TIPS

#### TOPICS PROGRESS

This is the second of four topics required for attestation

Click on **HELP** for additional guidance to navigate the system.

The Help link is located on each page.

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## Step 18 – Meaningful Use Core Measures – Questionnaire (13 of 14)

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**Meaningful Use Core Measures**

**Questionnaire: (13 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

☐ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**

## STEPS

Select Yes or No.

Click **SAVE & CONTINUE**.

## Step 19 – Meaningful Use Core Measures – Questionnaire (14 of 14)

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**Meaningful Use Core Measures**

**Questionnaire: (14 of 14)**

(\*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Complete the following information:

\*Did you conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process?

☐ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**



### TIP

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the **TOPICS** screen.

## TOPICS PROGRESS

This is the second of four topics required for attestation

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## Step 20 – Meaningful Use Menu Measures – Questionnaire

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### Meaningful Use Menu Measures

#### Questionnaire

**Instructions:**

Eligible hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure to CMS. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. CMS encourages eligible hospitals to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.

**You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:**

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

**You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):**

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

PREVIOUS PAGE
CONTINUE

## STEPS

Read the instructions and select a total of five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page.

Select at least one from the **public health** menu measure objectives.

Note: You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.



### TIP

The five (5) measures chosen will appear on the next screens once you click the **CONTINUE** button.

## TOPICS PROGRESS

This is the third of four topics required for attestation

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## Step 20 – Meaningful Use Menu Measures (cont.) – Public Health Measures

**You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:**

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

**You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):**

Objective	Measure	Select
-----------	---------	--------

## STEPS

Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use Menu Measures listed on the next page.



### TIPS

Select at least one from the public health menu measure objectives.

**Note:** You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.

## TOPICS PROGRESS

This is the third of four topics required for attestation

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## Step 20 – Meaningful Use Menu Measures (cont.)

**You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):**

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	<input checked="" type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input checked="" type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back to the Topics Page, or the **CONTINUE** button to proceed.

## STEPS

Read the instructions and select a total five (5) measures from the ten (10) Meaningful Use (MU) Menu Measures listed on the next page.

Click **CONTINUE**.



### TIPS

### TOPICS PROGRESS

*This is the third of four topics required for attestation*

*Click on HELP for additional guidance to navigate the system.*



*The Help link is on every page.*

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### Step 20 – (cont.) Meaningful Use Public Health Measure (1 of 3) out of 10 Meaningful Use Menu Measures

### STEPS

.....

Select the appropriate options for the Exclusions.

Click **SAVE & CONTINUE**.



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**
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#### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice.

**Measure:** Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information have the capacity to receive the information electronically).

**EXCLUSION 1 - Based on ALL patient records:** An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

\*Does exclusion 1 apply to you? ←

☐ Yes ☒ No

**EXCLUSION 2 - Based on ALL patient records:** If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

\*Does exclusion 2 apply to you? ←

☐ Yes ☒ No

Complete the following information:

\*Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)? ←

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#)
[SAVE AND CONTINUE](#)



### TIP

### TOPICS PROGRESS

*This is the third of four topics required for attestation*

*You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module.*

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## Step 20 – (cont.) Meaningful Use Public Health Measure (2 of 3) out of 10 Meaningful Use Menu Measures

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### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

Objective: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).

**EXCLUSION - Based on ALL patient records:** If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

\*Does this exclusion apply to you?  
☐ Yes ☒ No

Complete the following information:  
 \*Did you perform at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)?  
☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**

## STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click **SAVE & CONTINUE**.

## Step 20 – (cont.) Meaningful Use Public Health Measure (3 of 3) out of 10 Meaningful Use Menu Measures

Home Registration **Attestation** Status Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).

**EXCLUSION - Based on ALL patient records:** If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

\*Does this exclusion apply to you?  
☐ Yes ☒ No

Complete the following information:  
 \*Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)?  
☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**



## TIPS

## TOPICS PROGRESS

This is the third of four topics required for attestation

You may select the **PREVIOUS PAGE** button to go back.

Only the five (5) measures chosen will display.

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## Step 20 – (cont.) Meaningful Use Menu Measure (4 of 10)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

Objective: Implemented drug-formulary checks.

Measure: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.

\*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- ☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- ☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

\*Did you enable the drug-formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?

- ☐ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**

## STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click **SAVE & CONTINUE**.

## Step 20 – (cont.) Meaningful Use Menu Measure (5 of 10)

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### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

Objective: Record advance directives for patients 65 years old or older.

Measure: More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

\*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- ☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- ☐ This data was extracted only from patient records maintained using certified EHR technology.

**EXCLUSION - Based on ALL patient records:** An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

\*Does this exclusion apply to you?

- ☐ Yes ☐ No

Complete the following information:

**Numerator** Number of patients in the denominator with an indication of an advanced directive entered using structured data.

**Denominator** Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

\*Numerator: 99 \*Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**



### TIP

You may select the **PREVIOUS PAGE** button to go back.

## TOPICS PROGRESS

This is the third of four topics required for attestation

1

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## Step 20 – (cont.) Meaningful Use Menu Measure (6 of 10)

Home Registration **Attestation** Status Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** Incorporate clinical lab-test results into certified EHR as structured data.

**Measure:** More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator:** Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

**Denominator:** Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.

**\*Numerator:** 99 **\*Denominator:** 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

## STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click **SAVE & CONTINUE**.

## Step 20 – (cont.) Meaningful Use Menu Measure (7 of 10)

Home Registration Attestation **Status** Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.

**Measure:** Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

**\*Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?**

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIPS

### TOPICS PROGRESS

This is the third of four topics required for attestation

You may select the **PREVIOUS PAGE** button to go back.

Only the five (5) measures chosen will display.

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## Step 20 – (cont.) Meaningful Use Menu Measure (8 of 10)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.

**Measure:** More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (Place of Service (POS) 21 or 23) during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

**Numerator** Number of patients in the denominator who are provided patient-specific education resources.

**Denominator** Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

\*Numerator: 99 \*Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

## STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click **SAVE & CONTINUE**.

## Step 20 – (cont.) Meaningful Use Menu Measure (9 of 10)

Home | Registration | **Attestation** | Status | Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

**Measure:** The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

\*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** Number of transitions of care in the denominator where medication reconciliation was performed.

**Denominator** Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the receiving party of the transition.

\*Numerator: 99 \*Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIP

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the TOPICS screen.

## TOPICS PROGRESS

This is the third of four topics required for attestation

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## Step 20 – (cont.) Meaningful Use Menu Measure (10 of 10)

Home Registration **Attestation** Status Account Management

### Meaningful Use Menu Measures

**Questionnaire:**

(\*) Red asterisk indicates a required field.

**Objective:** The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.

**Measure:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

**\*PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

**Numerator** Number of transitions of care and referrals in the denominator where a summary of care record was provided.

**Denominator** Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the transferring or referring provider.

\*Numerator: 99 \*Denominator: 100

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

## STEPS

Select the five (5) measures.

Select the appropriate option under Patient Records, if applicable.

Select the appropriate options for the Exclusions.

Enter Numerator and Denominator, if applicable.

Click **SAVE & CONTINUE**.



### TIPS

You may log out at any point during attestation and continue at a later time. All of the information that you have entered up until this point will be saved within the attestation module..

Numerator and denominator must be whole numbers.

Click on **HELP** for additional guidance to navigate the system. The Help link is located on each page.

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the **TOPICS** screen.

## TOPICS PROGRESS

This is the third of four topics required for attestation

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## Step 21 – Clinical Quality Measures (CQMs) (1 of 15)

Eligible hospitals and Critical Access Hospitals (CAHs) must report calculated clinical quality measures (CQMs) directly from their certified EHR technology as a requirement of the EHR Incentive Programs. Eligible hospitals and CAHs must report on all fifteen (15) CQMs. Zero is an acceptable CQM denominator value provided that this value was produced by certified EHR technology.

### STEPS

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the CQMs.

Click **SAVE & CONTINUE**.

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

### Clinical Quality Measures

**Questionnaire: (1 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0495, Emergency Department (ED)-1**

**Title:** Emergency Department Throughput - admitted patients Median time from ED arrival to ED departure for admitted patients.  
**Description:** Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.  
**ED-1.1:** All ED patients admitted to the facility from the ED

**Denominator:** All ED patients admitted to the facility from the ED. A positive whole number.  
**Numerator:** Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.  
**Exclusion:** Observation & Mental Health Patients. A positive whole number.

\*Denominator: 100 \*Numerator: 99 \*Exclusion: 1

**ED-1.2: Observation ED patient stratification**

**Denominator:** ED Observation patients admitted to the facility from the ED. A positive whole number.  
**Numerator:** Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

\*Denominator: 100 \*Numerator: 99

**ED-1.3: Dx stratification ED patients**

**Denominator:** ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.  
**Numerator:** Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number.

\*Denominator: 100 \*Numerator: 99

Please select the **PREVIOUS** button to go back to the Topics Page, or the **SAVE & CONTINUE** button to proceed.



### TIPS

Visit the Meaningful Use Core Objectives link for more information [https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp\\_CAH\\_MU-TOC.pdf](https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf).

Denominator is entered before the Numerator.

Numerator and denominator must be whole numbers.

### TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

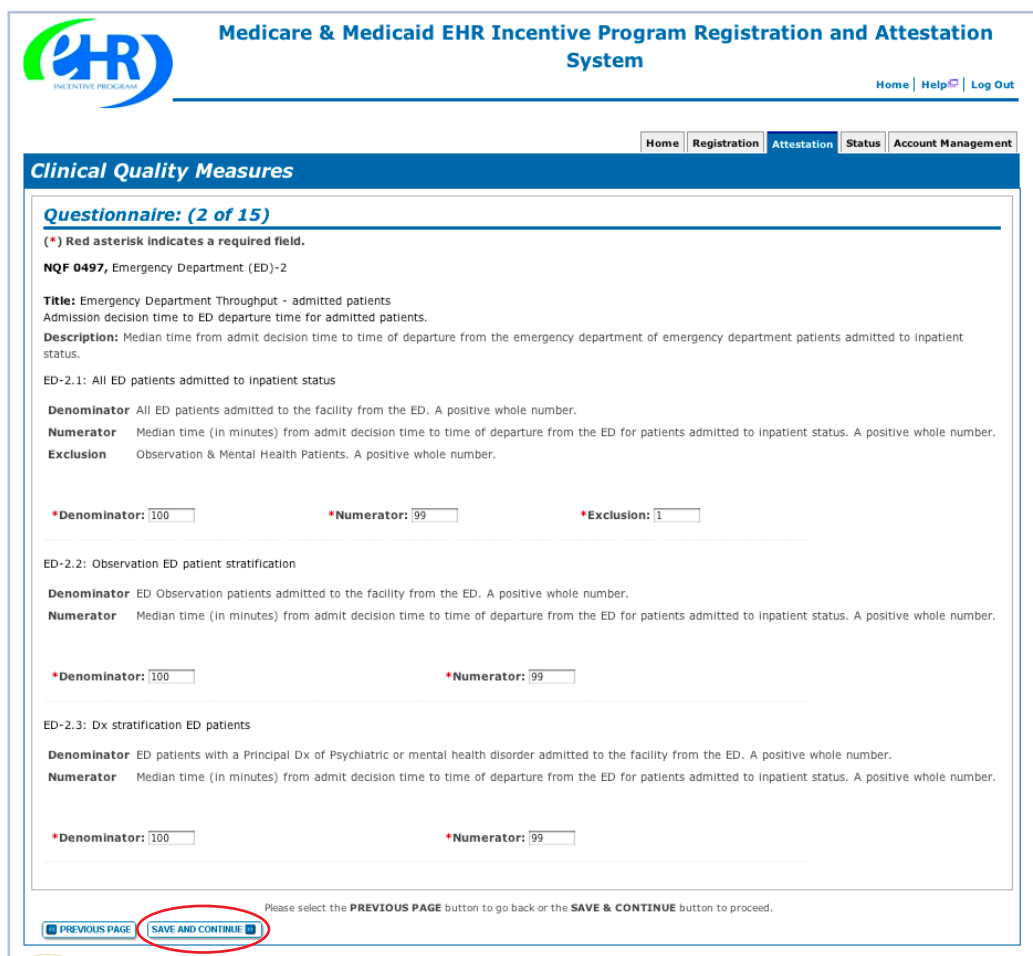
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## Step 22 – Clinical Quality Measures (CQMs) (2 of 15)



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

**Clinical Quality Measures**

**Questionnaire: (2 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0497, Emergency Department (ED)-2**

**Title:** Emergency Department Throughput - admitted patients  
Admission decision time to ED departure time for admitted patients.

**Description:** Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

**ED-2.1: All ED patients admitted to inpatient status**

**Denominator:** All ED patients admitted to the facility from the ED. A positive whole number.

**Numerator:** Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

**Exclusion:** Observation & Mental Health Patients. A positive whole number.

\*Denominator: 100 \*Numerator: 99 \*Exclusion: 1

**ED-2.2: Observation ED patient stratification**

**Denominator:** ED Observation patients admitted to the facility from the ED. A positive whole number.

**Numerator:** Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

\*Denominator: 100 \*Numerator: 99

**ED-2.3: Dx stratification ED patients**

**Denominator:** ED patients with a Principal Dx of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number.

**Numerator:** Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number.

\*Denominator: 100 \*Numerator: 99

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

## STEPS

Enter Denominator and Numerator (and Exclusion, if applicable), for all fifteen (15) of the Clinical Quality Measures.

Click **SAVE & CONTINUE**.



## TIPS

Click previous page to go back.

Denominator is entered before the Numerator.

Numerator and denominator must be whole numbers.

Click on **HELP** for additional guidance to navigate the system. The Help link is located on each page.

To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the **TOPICS** screen.

## TOPICS PROGRESS

This is the fourth of four topics required for attestation

1

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## Step 23 – Clinical Quality Measures (CQMs) (3 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (3 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0435, Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics**

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 500      \*Numerator: 480      \*Exclusion: 10

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**

### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 24 – Clinical Quality Measures (CQMs) (4 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (4 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0436, Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter**

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 500      \*Numerator: 480      \*Exclusion: 10

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

**PREVIOUS PAGE** **SAVE AND CONTINUE**



### TIPS

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.

### TOPICS PROGRESS

This is the fourth of four topics required for attestation

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## Step 25 – Clinical Quality Measures (CQMs) (5 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (5 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0437, Stroke-4 Title:** Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100      \*Numerator: 99      \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 26 – Clinical Quality Measures (CQMs) (6 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (6 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0438, Stroke-5 Title:** Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100      \*Numerator: 99      \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIPS

### TOPICS PROGRESS

*This is the fourth of four topics required for attestation*

Visit the *Meaningful Use Overview* link for more information – [https://www.cms.gov/EHRIncentivePrograms/30\\_Meaningful\\_Use.asp](https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp).

To check your progress click on the **ATTESTATION** tab at the top of the page and select *Modify* in the Action column in the Attestation Selection page. The completed topics will show a check mark on the **TOPICS** screen.

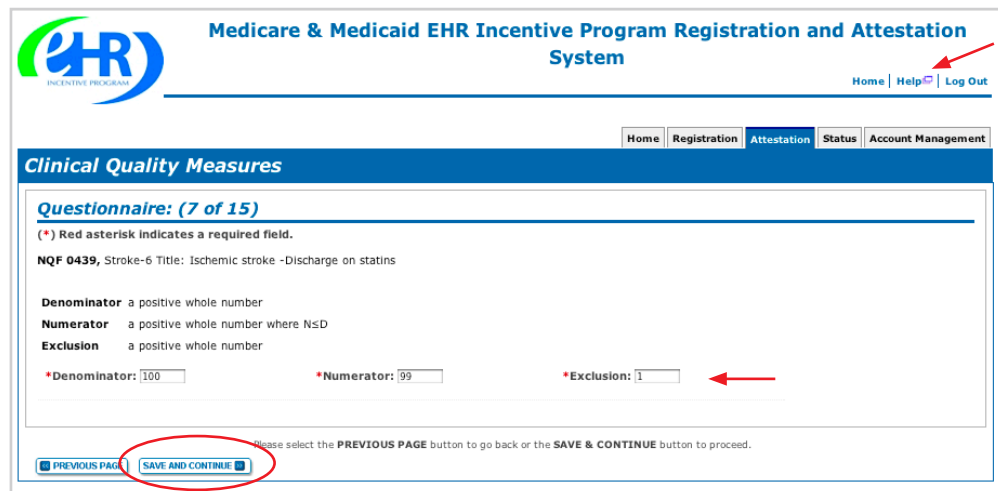
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## Step 27 – Clinical Quality Measures (CQMs) (7 of 15)

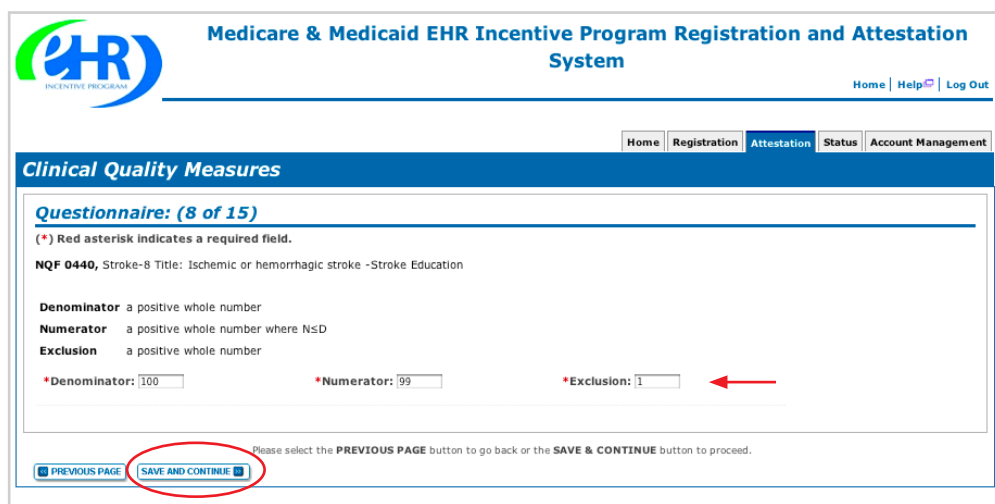


### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 28 – Clinical Quality Measures (CQMs) (8 of 15)




### TIPS

#### TOPICS PROGRESS

*This is the fourth of four topics required for attestation*

*Denominator is entered before the Numerator.*

*Numerator and denominator must be whole numbers.*

*Click on HELP for additional guidance to navigate the system.*

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## Step 29 – Clinical Quality Measures (CQMs) (9 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (9 of 15)**

(\*) Red asterisk indicates a required field.

NQF 0441, Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100 \*Numerator: 99 \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 30 – Clinical Quality Measures (CQMs) (10 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (10 of 15)**

(\*) Red asterisk indicates a required field.

NQF 0371, VTE-1 Title: VTE prophylaxis within 24 hours of arrival

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100 \*Numerator: 99 \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIPS

### TOPICS PROGRESS

This is the fourth of four topics required for attestation

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.

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## Step 31 – Clinical Quality Measures (CQMs) (11 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (11 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0372, VTE-2 Title:** Intensive Care Unit VTE prophylaxis

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100      \*Numerator: 99      \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 32 – Clinical Quality Measures (CQMs) (12 of 15)

**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

Home | Help | Log Out

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

**Questionnaire: (12 of 15)**

(\*) Red asterisk indicates a required field.

**NQF 0373, VTE-3 Title:** Anticoagulation overlap therapy

**Denominator** a positive whole number  
**Numerator** a positive whole number where N≤D  
**Exclusion** a positive whole number

\*Denominator: 100      \*Numerator: 99      \*Exclusion: 1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.



### TIPS

### TOPICS PROGRESS

*This is the fourth of four topics required for attestation*

*Denominator is entered before the Numerator. The numerator and denominator must be whole numbers.*

*To check your progress click on the **ATTESTATION** tab at the top of the page and select **Modify** in the Action column in the Attestation Selection page. The completed topics will show a check mark on the **TOPICS** screen.*

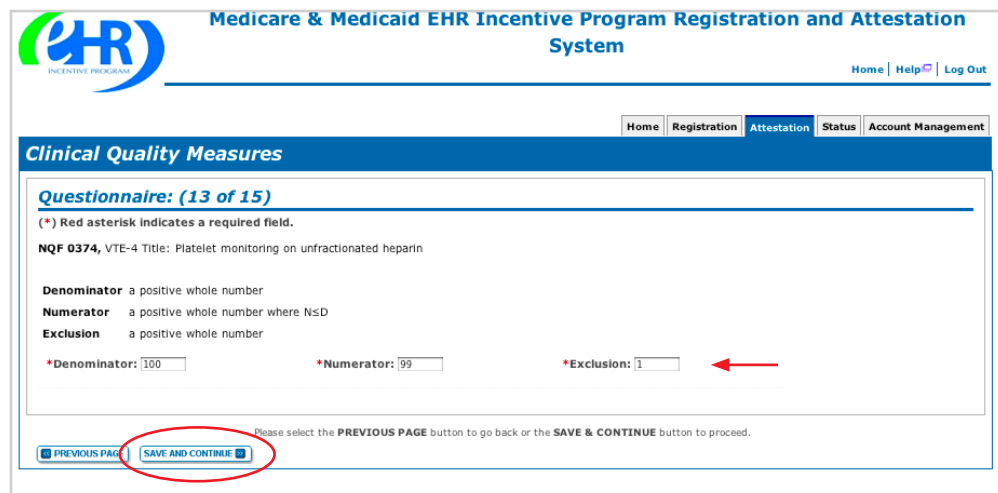
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## Step 33 – Clinical Quality Measures (CQMs) (13 of 15)

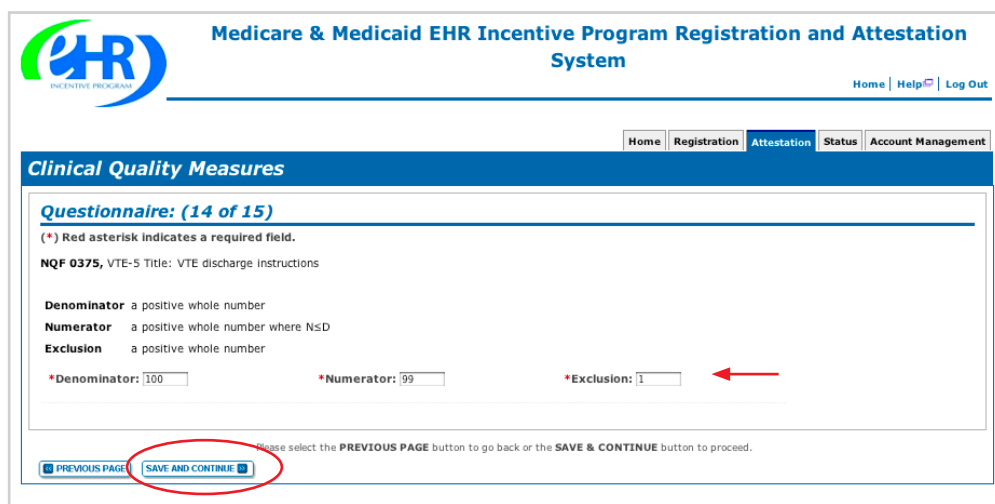


### STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.

## Step 34 – Clinical Quality Measures (CQMs) (14 of 15)




### TIPS

### TOPICS PROGRESS

This is the fourth of four topics required for attestation

You may log out at any time and continue your attestation later. All of the information that you have entered up until this point will be saved within the attestation module.

Log back into the system and select the "Attestation" tab to continue your attestation when you return.


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Step 35 – Clinical Quality Measures (CQMs) (15 of 15)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Home | [Help](#) | [Log Out](#)

Home | Registration | **Attestation** | Status | Account Management

**Clinical Quality Measures**

Questionnaire: (15 of 15)

(\*) Red asterisk indicates a required field.

NQF 0376, VTE-6 Title: Incidence of potentially preventable VTE

Denominatora positive whole number

Numeratora positive whole number where NsD

Exclusiona positive whole number

\*Denominator:100

\*Numerator:99

\*Exclusion:1

Please select the **PREVIOUS PAGE** button to go back or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

**SAVE AND CONTINUE**

STEPS

Enter the Denominator, Numerator and Exclusion, if applicable.

Click **SAVE & CONTINUE**.



TIPS

TOPICS PROGRESS

This is the fourth of four topics required for attestation

Denominator is entered before the Numerator.

Click on **HELP** for additional guidance to navigate the system.

The Help link is located on each page

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## Step 36 – Topics for this Attestation

Once all the topics are marked completed you may proceed with attestation.

## STEPS

Select **PROCEED WITH ATTESTATION**. You will navigate to Summary of Measures.

Select **MODIFY ATTESTATION** or any topic to review or revise your entries. You will navigate to the first page in the series of measures.

## Step 37 – Summary of Measures

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
XYZ Hospital	32-1234567	123456	In Progress	2011	1	Modify or Cancel



### TIPS

*This is the last chance to review and edit the information you have entered before you attest.*

*Check for data entry errors as the system will not alert the user of the calculated percentage of the numerator and denominators prior to official submission of attestation.*

## Step 37 – Summary of Measures (cont.)

Click on the Measure List Table link to access the table for editing.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The top navigation bar includes links for Home, Registration, Attestation, Status, and Account Management. The main content area is titled "Summary of Measures" and contains a "Meaningful Use Core Measure List Table".

Objective	Measure	Entered	Select
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Numerator = 500 Denominator = 550	<a href="#">EDIT</a>
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	<a href="#">EDIT</a>
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Numerator = 500 Denominator = 550	<a href="#">EDIT</a>
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 500 Denominator = 550	<a href="#">EDIT</a>
Maintain active medication allergy list.	More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Numerator = 500 Denominator = 550	<a href="#">EDIT</a>
Record all of the following demographics: • Preferred language • Gender • Race	More than 50% of all unique patients seen by the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Numerator = 99 Denominator = 100	<a href="#">EDIT</a>

Below the table is a "Questionnaire: (1 of 14)" section. It includes a red asterisk indicating a required field. The objective is "Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines." The measure is "More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using Computerized Provider Order Entry (CPOE)." The questionnaire asks for patient records information and provides input fields for the numerator (500) and denominator (550). At the bottom, there are two buttons: "RETURN TO SUMMARY PAGE" and "SAVE AND CONTINUE". A red arrow points to the "RETURN TO SUMMARY PAGE" button.

## STEPS

Select the measure to **EDIT**.

Modify your entry.

Click **SAVE & CONTINUE**.


You will navigate to the Measure List Table.



### TIP

The **RETURN TO SUMMARY PAGE** button will display on this page only if the user selected the **EDIT** button on the Summary of Measures page (the previous page).

## Step 37 – Summary of Measures (cont.)



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### Summary of Measures

#### Meaningful Use Menu Measure List Table

Objective	Measure	Entered	Select
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	Yes	<a href="#">EDIT</a>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	Yes	<a href="#">EDIT</a>
Use certified EHR technology to identify patientspecific education resources and provide those resources to the patient if appropriate.	More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources.	Numerator = 99 Denominator = 100	<a href="#">EDIT</a>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Numerator = 99 Denominator = 100	<a href="#">EDIT</a>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	Numerator = 99 Denominator = 100	<a href="#">EDIT</a>

Select the **CONTINUE TO ATTEST** button to skip viewing the summary of measures and proceed with your attestation. Select the **PREVIOUS PAGE** button to view the summary of Meaningful Use Core Measures. Select the **NEXT PAGE** button to view the summary of Clinical Quality Measures.

[PREVIOUS PAGE](#) | **[CONTINUE TO ATTEST](#)** | [NEXT PAGE](#)

## STEPS

Click **CONTINUE TO ATTEST** or **NEXT PAGE** to edit additional measures.



### TIPS

Clicking on **CONTINUE TO ATTEST** will navigate you back to the Attestation Statements page.

Clicking on **NEXT PAGE** will navigate you to the remaining measure list tables.

## Step 38 – Submission Process: Attestation Statements

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**Submission Process: Attestation Statements**

**Attestation Statements**

You are about to submit your attestation for EHR Certification Number **PQRSTUWXYZ1234**.

Please check the box next to each statement below to attest, then select the **AGREE** button to complete your attestation:

- ☐ The information submitted for clinical quality measures was generated as output from an identified certified EHR technology.
- ☐ The information submitted is accurate to the knowledge and belief of the official submitting on behalf of the eligible hospital or CAH.
- ☐ The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the hospital or CAH.
- ☐ The information submitted includes information on all patients to whom the measure applies.
- ☐ For CQMs, a zero was reported in the denominator of a measure when an eligible hospital or CAH did not care for any patients in the denominator population during the EHR reporting period.

Please select the **DISAGREE** button to go to the Home Page (your attestation will not be submitted), or the **AGREE** button to proceed with the attestation submission process.

**DISAGREE** **AGREE**

## STEPS

Check the box next to each statement to attest to the information entered into the Attestation module.

Click **AGREE** to proceed with the attestation submission process.

## Step 38 – Submission Process: Confirmation Page

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**Submission Process: Confirmation Page**

**Confirmation Page**

You are now ready to submit your attestation. Please review the summary information below and the reason for attestation.

**LBN:** XYZ Hospital  
**TIN:** 42-1234567 (EIN)  
**CCN:** 123456  
**EHR Certification Number:** PQRSTUWXYZ1234  
**EHR Reporting Period:** 02/01/2011-05/31/2011

**Reason(s) for Attestation**

- You are modifying your attestation information.

You are about to submit this attestation. Are you sure?

**NO** **YES**

Review the summary information.

Click **YES** to submit your attestation.



## TIPS

If you click **NO**, you will receive a message stating that you are not submitting at this time. Your information will be saved and your attestation will display **IN PROGRESS**.

Click **DISAGREE** to go to the Home Page. Your attestation will not be submitted.

## Step 39 – Attestation Disclaimer



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### Attestation Disclaimer

#### General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

#### Signature of Hospital Representative

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

DISCLOSURES: This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 11283, provides penalties for withholding this information.

## STEPS

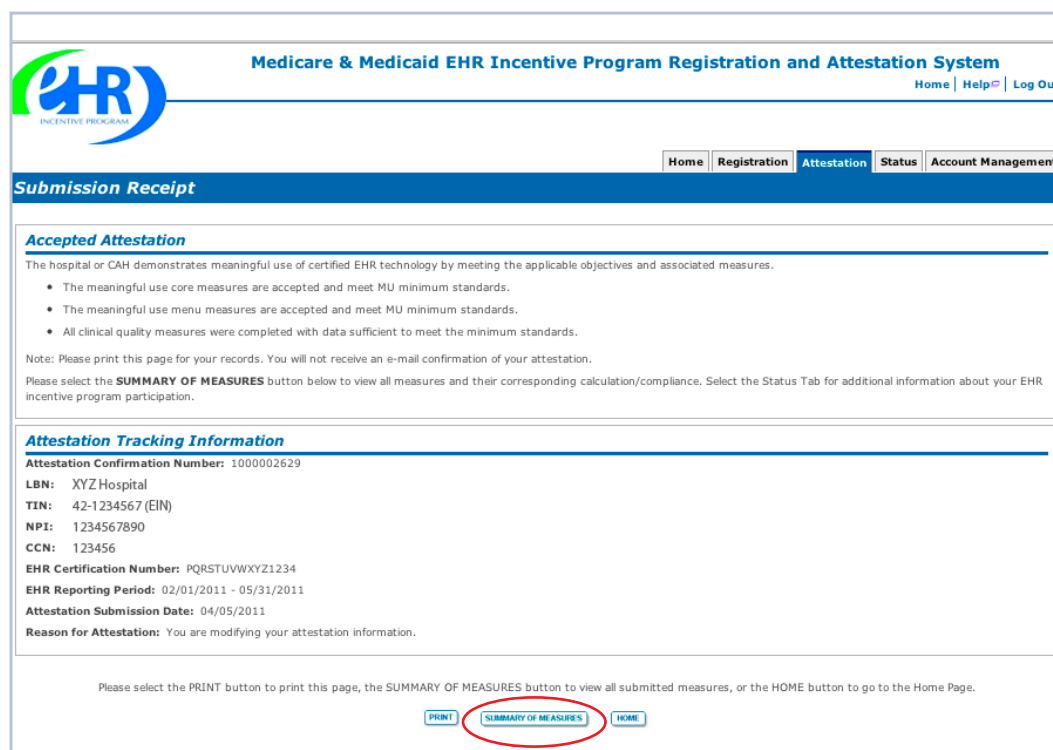
Read the disclaimer and click on **AGREE** to continue your attestation or **DISAGREE** to stop the process.



### TIP

If you click **DISAGREE** you will navigate back to the attestation instructions page. Your status under the **ACTION** column will read – **MODIFY** or **CANCEL**.

## Step 40 – Submission Receipt (accepted attestation)



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**  
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**Submission Receipt**

**Accepted Attestation**  
The hospital or CAH demonstrates meaningful use of certified EHR technology by meeting the applicable objectives and associated measures.

- The meaningful use core measures are accepted and meet MU minimum standards.
- The meaningful use menu measures are accepted and meet MU minimum standards.
- All clinical quality measures were completed with data sufficient to meet the minimum standards.

Note: Please print this page for your records. You will not receive an e-mail confirmation of your attestation.  
Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

**Attestation Tracking Information**

Attestation Confirmation Number: 1000002629  
LBN: XYZ Hospital  
TIN: 42-1234567 (EIN)  
NPI: 1234567890  
CCR: 123456  
EHR Certification Number: PQRSTUWXYZ1234  
EHR Reporting Period: 02/01/2011 - 05/31/2011  
Attestation Submission Date: 04/05/2011  
Reason for Attestation: You are modifying your attestation information.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT SUMMARY OF MEASURES HOME

## STEPS

Your attestation was accepted. Print this receipt for your records.

*You will not receive an email notification.* The Medicare Attestation Status will show **ACCEPTED**.

## THIS COMPLETES YOUR ATTESTATION

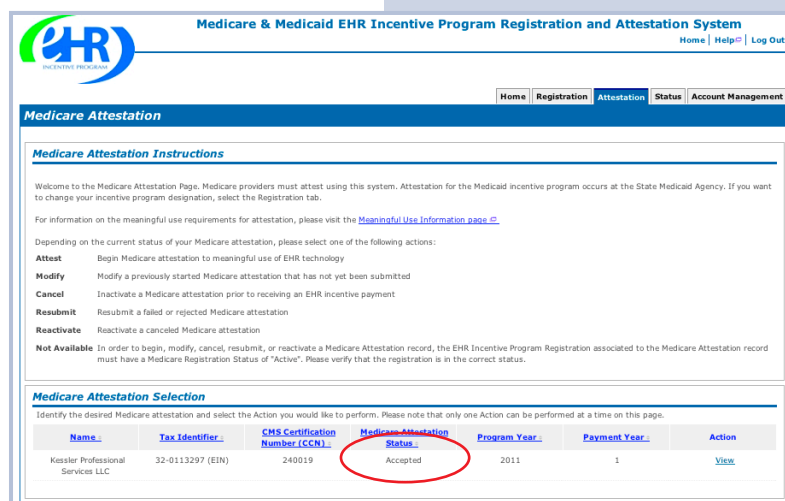
If you successfully attested and are a Medicare & Medicaid eligible hospital or CAH, your attestation will be deemed as a meaningful user by Medicare and you will not have to meet the State-specific additional meaningful use requirements in order to qualify for the Medicaid incentive payment.

Your attestation status will read 'Accepted' and the attestation action status column will read 'View'. The attestation is locked and cannot be edited.



### TIP

Click on Summary of Measures from the submission receipt to view your entries.



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**  
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**Medicare Attestation**

**Medicare Attestation Instructions**  
Welcome to the Medicare Attestation Page. Medicare providers must attest using this system. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.  
For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

Action	Description
Attest	Begin Medicare attestation to meaningful use of EHR technology
Modify	Modify a previously started Medicare attestation that has not yet been submitted
Cancel	Inactivate a Medicare attestation prior to receiving an EHR incentive payment
Resubmit	Resubmit a failed or rejected Medicare attestation
Reactivate	Reactivate a canceled Medicare attestation
Not Available	In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

**Medicare Attestation Selection**  
Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
Kessler Professional Services LLC	32-0113297 (EIN)	240019	Accepted	2011	1	<a href="#">View</a>



## Step 40 – Submission Receipt (rejected attestation)

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**Submission Receipt**

**Rejected Attestation**

The hospital or CAH did not demonstrate meaningful use of certified EHR technology because one or more objectives was not met as indicated by non-compliant measures.

- One or more of the meaningful use core measure calculations did not meet meaningful use minimum standards.

Please select the **SUMMARY OF MEASURES** button below to view all measures and their corresponding calculation/compliance. Select the Status Tab for additional information about your EHR incentive program participation.

**Attestation Tracking Information**

**Attestation Confirmation Number:** 1000002754

**LBN:** XYZ Hospital  
**TIN:** 42-1234567 (EIN)  
**NPI:** 1234567890  
**CCN:** 123456

**EHR Certification Number:** 123456789012345  
**EHR Reporting Period:** 01/03/2011 - 04/04/2011  
**Attestation Submission Date:** 04/14/2011  
**Reason for Attestation:** You are modifying your attestation information.

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

[PRINT](#) [SUMMARY OF MEASURES](#) [HOME](#)

## STEPS

Your attestation was rejected. Print this receipt for your records.

*You will not receive an email notification.*

The Medicare Attestation Status will show **Rejected Attestation**.

### YOUR ATTESTATION WAS REJECTED

You did not meet one or more of the meaningful use minimum standards. Please reassess/modify your practice so that you can meet the measure(s). You may resubmit your attestation information again, correct mistakes or re-submit new information if no mistakes were made.

Review your documentation to ensure the correct information was entered at attestation for each of the objectives and their associated measures. If an error is found, you may make the correction and resubmit your attestation for this same reporting period. Or you may submit an attestation with new information for a different reporting period during the first payment year to successfully demonstrate meaningful use.

The 90-day reporting period can be a day later (example - 03/01/11 through 05/31/11 versus 03/02/11 through 06/01/11), but that will mean that hospital will have to recalculate all of the numerator and denominator information.

Print this receipt for your records. *You will not receive an email notification.*



### TIP

Visit <https://www.cms.gov/EHRIncentivePrograms/> for meaningful use requirements.

## Step 4I – Summary of Measures (rejected attestation)

Please select the PRINT button to print this page, the SUMMARY OF MEASURES button to view all submitted measures, or the HOME button to go to the Home Page.

PRINT SUMMARY OF MEASURES HOME



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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#### Summary of Measures

##### Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Core Measures List Table](#)

[Meaningful Use Menu Measures List Table](#)

[Clinical Quality Measures List Table](#)

Please select the PREVIOUS PAGE button to go back, or the CONTINUE button to skip viewing the summary and proceed with the attestation submission process.

PREVIOUS PAGE CONTINUE

#### Summary of Measures

##### Summary of Meaningful Use Core Measures

Objective	Measure	Reason	Entered	Accepted / Rejected
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	This measure meets minimum standard.	90.90%	Accepted
Implement drug-drug and drug-allergy interaction checks	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	This measure meets minimum standard.	Yes	Accepted
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted
Maintain active medication allergy list.	More than 80% percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	This measure meets minimum standard.	90.90%	Accepted

problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	exchange key clinical information.	measure meets minimum standard.		
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	This measure meets minimum standard.	Yes	Accepted

Please select the HOME button to go to the Home Page, or the NEXT PAGE button to view the summary of Meaningful Use Menu Measures.

HOME NEXT PAGE



### TIP

Click the HOME button to go to the HOME page or the NEXT PAGE to view the summary of Clinical Quality Measures (CQMs).

## STEPS

Click on **SUMMARY OF MEASURES** to view the status of each measure

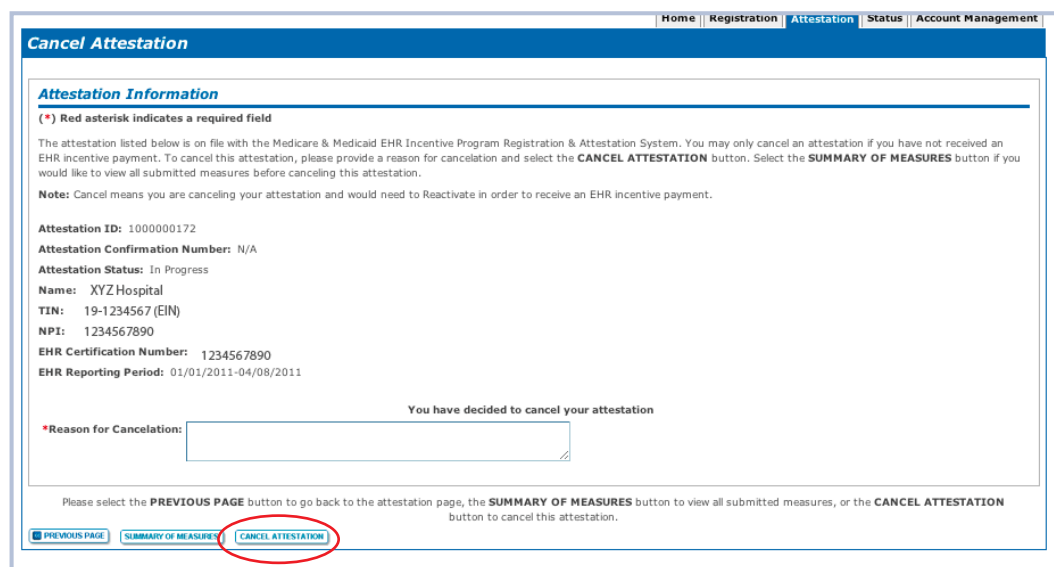
## Step 42 – Cancel Attestation

If you choose to cancel a *previously submitted* attestation, click on CANCEL ATTESTATION from the Summary of Measures page.



## STEPS

You may only cancel if you have not received an EHR incentive payment. Enter a **Reason for Cancellation**.



### TIP

Select the **SUMMARY OF MEASURES** button to navigate to the next page (Summary of Measures) and the subsequent pages for viewing purposes only. You will NOT be allowed to edit any measures.

## Have Questions?



### Medicare & Medicaid EHR Incentive Program Registration and Attestation System

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#### Help

##### Topics

Help provides additional guidance to users for Medicare & Medicaid EHR Incentive Program Registration & Attestation process. Help is broken up into the following sections.

[About Registration & Attestation System](#)

Presents an overview of the system, processes, and benefits.

[How to get Access to the Registration & Attestation System](#)

Presents summary information on accessing Internet-based Registration & Attestation System.

[User Accounts](#)

Presents additional information regarding account information.

[Accessibility](#)

Presents information about the accessibility and compatibility features of Internet-based Registration & Attestation System.

[Frequently Asked Questions \(FAQs\)](#)

Presents a list of common questions and their answers regarding the use of Internet-based Registration & Attestation System and the Medicare/Medicaid registration and attestation process.

[Glossary](#)

Presents Medicare/Medicaid EHR terms and definitions.

[Contact Information](#)

Presents a list of contact information for Internet-based Registration & Attestation System user account issues.



## RESOURCES

Contact the EHR Information Center Help Desk for Questions concerning registration and attestation, (888) 734-6433 / TTY: (888) 734-6563

**Hours of operation:** Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

Identity and Access Management system (I&A) Help Desk for assistance,  
PECOS External User Services (EUS) Help Desk  
Phone: 1-866-484-8049  
E-mail: [EUSsupport@cgi.com](mailto:EUSsupport@cgi.com)

NPPES Help Desk for assistance. Visit;  
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>  
(800) 465-3203 / TTY (800) 692-2326

PECOS Help Desk for assistance. Visit; <https://pecos.cms.hhs.gov/>  
(866)484-8049 / TTY (866)523-4759

EHR Incentive Program Website  
<https://www.cms.gov/EHRIncentivePrograms/>

Certified health IT Product website - Office of the National Coordinator (ONC)  
<http://onc-chpl.force.com/ehrcert/CHPLHome>

## STEPS

Click on **HELP** for additional guidance to navigate the system. The Help link is located on each page.

## Acronym Translation

# ACRONYMS

<b>CAH</b>	<b>Critical Access Hospital</b>
<b>CCN</b>	<b>CMS Certification Number</b>
<b>CMS</b>	<b>Centers for Medicare &amp; Medicaid Services</b>
<b>CQM</b>	<b>Clinical Quality Measure</b>
<b>DMF</b>	<b>Social Security Death Master File</b>
<b>EHR</b>	<b>Electronic Health Record</b>
<b>EIN</b>	<b>Employer's Identification Number</b>
<b>EP</b>	<b>Eligible Professional</b>
<b>FI</b>	<b>Fiscal Intermediary</b>
<b>FQHC</b>	<b>Federally Qualified Health Center</b>
<b>I&amp;A</b>	<b>Identity &amp; Access Management</b>
<b>IDR</b>	<b>Integrated Data Repository</b>
<b>LBN</b>	<b>Legal Business Name</b>
<b>MAC</b>	<b>Medicare Administrative Contractor</b>
<b>MAO</b>	<b>Medicare Advantage Organization</b>
<b>NLR</b>	<b>National Level Repository</b>
<b>NPI</b>	<b>National Provider Identifier</b>
<b>NPPES</b>	<b>National Plan and Provider Enumeration System</b>
<b>OIG</b>	<b>Office of the Inspector General</b>
<b>PECOS</b>	<b>Provider Enrollment, Chain and Ownership System</b>
<b>RHC</b>	<b>Rural Health Center</b>
<b>SSN</b>	<b>Social Security Number</b>
<b>TIN</b>	<b>Tax Identification Number</b>



[illegible]



## NOTES:

[illegible]